

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 23 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000098472

1. Corporation Name

AL-ESTES AUTO INSPECTIONS, INC.

Principal Place of Business

3710 VILLAGE ESTATES PLACE  
TAMPA FL 33618

Mailing Address

3710 VILLAGE ESTATES PLACE  
TAMPA FL 33618

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/01/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-052-9099

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PRES	ALEXANDER E. VAN KOWSKI	3710 VILLAGE ESTATES PLACE	TAMPA, FL 33618

100024925841  
11/21/03--01045--022 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VAN KOWSKI, ALEXANDER E  
3710 VILLAGE ESTATES PLACE  
TAMPA FL 33618

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Alexander E. Van Kowski*

Date

11-18-03

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Alexander E. Van Kowski* / A. E. VAN KOWSKI, pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-18-03

Daytime Phone #

813-650-1187

**AL - ESTES AUTO INSPECTIONS INC.**

3710 Village Estates Place Tampa Florida 33618  
813-690-1187

**November 18, 2003**

Enclosed is a check for \$150.00 for 2003 U.B.R Reinstatement Form.. I am using the Reinstatement form because I did not receive the two correction forms that were mailed to me by the State of Florida.

Thankyou for your assistance,

Alexander E. Van Kowski pres.